

## ***S.P.A.C. TV 33 Community Producer Program Proposal***

<b>Name</b>			
<b>Organization (If Any)</b>			
<b>Address</b>			
<b>Phone: (H) (W) (cell)</b>			
<b>Fax:</b>		<b>E-Mail:</b>	
1. Title of Program:			
2. Proposed Length of program:		hours: minutes:seconds	
3. Recording media format:		LIVE	SVHS
		MINI	DVD
4. Describe program content:			
5. Describe program format:			
6. Proposed dates and times of cablecast in order of preference:			
7. Describe promotion plans:			

### **REMINDERS:**

1. Signed Membership Information Form agreeing with SMC Policies & Guidelines must be on file.
2. Talent Releases from all participants (minors need Parent/Guardian signature) must be obtained.
3. Cablecast Request & Indemnification Form must be given to Program Coordinator 10 days prior to requested cablecast date.
4. Properly timed and labeled media must be given to Program Coordinator 3 week days prior to approved cablecast.
5. PROGRAM MAY NOT CONTAIN: Commercial advertising, Material which constitutes libel, slander, obscenity, pornography, invasion of privacy or publicity rights, Unauthorized use of copyrighted material, works in violation of FCC regulations, local, state or federal laws.

I accept full responsibility for program content submitted for cablecast on Shrewsbury Media Connection channels. I have a copy of SMC Policy & Guidelines, and, I understand and agree to abide by the rules therein. I hereby agree to indemnify and hold harmless SELCO, SMC, its officers, directors, employees and agents from any liability or legal fees and warrant represent that the program does not contain: commercial advertising; material which constitutes libel, slander, obscenity, pornography, invasion of privacy or publicity rights; unauthorized use of copy righted material; works in violation of FCC regulations, local, state or federal laws. I agree to provide SMC staff herewith copies of releases, licenses or other permissions. I agree to release SELCO, SMC, their employees and agents from responsibility if tape or form is damaged, lost or stolen while in their custody.

PRODUCER'S SIGNATURE	DATE
COMMUNITY SPONSOR or PARENT/GUARDIAN (IF MINOR)	DATE
S.P.A.C. PROGRAMMING COORDINATOR'S SIGNATURE	DATE

***Shrewsbury Media Connection, 15 Parker Road, Shrewsbury MA 01545***  
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